



Guidelines for Attending Physician's Statements (APS)

September 2011

Please submit an APS according to the Age and Amount Guidelines chart on the right, or if there is indication of any of the impairments listed below. These guidelines are not all inclusive so if there is any question about whether an APS is needed, contact your underwriter.

Notes:

- It is not necessary to order an APS completed for FAA, DOT, insurance, military or employment purposes, or for the cold/flu or allergies.
- No more than two APSs should be ordered without prior underwriting approval.
- In the absence of a pattern of continued medical care, including age-appropriate tests, older age insureds may be subject to best class restrictions, or postponement, until an acceptable pattern of medical care is established.
- Insureds age 80+ may not be considered for insurance if no personal physician or no physician visit within the past 12 months.

Age and Amount Guidelines for an Attending Physician Statement		
Age	Face Amount	Routine APS Guideline
0-5	All face amounts	APS from primary physician
6-17	\$1-\$1,999,999	If a check-up in last year
	\$2,000,000+	If a check-up in last two years
	\$3,000,000+	If a check-up in last three years
18-50	\$1-\$1,999,999	N/A — see impairment list
	\$2,000,000+	If a check-up in last two years
	\$3,000,000+	If a check-up in last three years
51-65	\$1-\$499,999	N/A — see impairment list
	\$500,000-\$4,999,999	If a check-up in last three years
	\$5,000,000+	If a check-up in the last five years ¹
66-75	All face amounts	Primary physician visits in last 10 years ¹
76-90	All face amounts	Primary physician visits in last 10 years ¹

1. Underwriting may require additional APS information under certain circumstances, such as significant medical histories and evaluations, e.g., pathology reports or cardiac evaluations

Impairments Requiring an Attending Physician Statement

An APS is required regardless of the amount or age if the proposed insured has had a history of or consulted with a doctor about any of the following within the past 10 years.²

- Abnormal cardiac test (or other abnormal testing)
- Alcohol or drug consultation or treatment
- Aneurysm
- Arrhythmia of any kind, palpitations
- Asthma (moderate or severe)
- Autism
- Bariatric Surgery
- Barrett's Esophagus
- By-pass surgery (CABG), angioplasty (PTCA), heart attack, myocardial infarct
- Blood disorders: anemia, polycythemia, thrombocythemia, clotting disorders
- Cancer or tumors: not basal cell or squamous cell
- Cardiomyopathy
- Carotid artery disease
- Cerebrovascular disease
- Chest pain, angina
- Coagulation disorder
- Colon polyps removed within past 3 years
- Crohn's Disease, Ulcerative Colitis,
- Connective tissue disorders
- Dementia, Alzheimer's Disease, memory loss, cognitive impairment
- Diabetes
- Eating disorders
- Emphysema, chronic bronchitis, COPD
- Epilepsy, seizure disorder
- Falls and injuries over age 70
- GI hemorrhage
- Heart murmur
- Hepatitis, liver disease, cirrhosis, pancreatic disorders
- HIV/AIDS
- Hypertension
- Immunodeficiency disorders
- Kidney/renal disease (except kidney stones), family history of PCKD
- Liver disorder
- Lymph node disorder
- Mental, emotional disorders including depression, bipolar, moderate to severe anxiety
- Multiple Sclerosis
- Neurological Disorders, Muscular Dystrophy
- Obesity (rated over 150% or greater)
- Osteoporosis: moderate/severe
- Osteoarthritis if LTC rider requested
- Parkinson's Disease
- Peripheral Vascular Disease (PVD)
- Buerger's Disease
- PSA elevations
- Pulmonary nodule
- Psychiatric illness
- Rheumatoid disorders including Rheumatoid Arthritis or Lupus
- Sarcoidosis
- Sleep Apnea
- Special testing completed *within 3 years*: echocardiograms, cardiac catheterization, Stress Test, Thallium Stress Test, MRI or CT/CAT scan, EEG, ultrasound (other than pregnancy), bone scan, biopsy, cognitive testing
- Stroke or TIA
- Syncope
- Thrombosis (clots)

2. Underwriter discretion to apply based on specific impairment and time period since last visit

For more information, contact your John Hancock underwriter at 1-800-505-9427, option 2 (in New York, call 1-800-743-5542, option 2).

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MEDICAL REQUIREMENTS (Based on the proposed insured's age as of nearest birthday)

Face Amount	Age									
	0-15	16-40	41-50	51-55	56-65	66-70	71-74 ³	75-79 ³	80-90 ^{3, 4}	
									Initial Review	To Finalize
up to \$500,000	Health Questionnaire	Para, ² BCP, Micro	Para, ² BCP, Micro	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro, EKG	Para, BCP, MAS, Micro, EKG	Para, BCP, MAS, Micro, EKG	APS	Para, BCP, MAS, Micro, EKG
\$500,001 – \$1,000,000	Health Questionnaire	Para, BCP, Micro	Para, BCP, Micro	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, MAS, Micro, EKG	Para, BCP, MAS, Micro, EKG	APS	Para, BCP, MAS, Micro, EKG
\$1,000,001 – \$3,000,000	Exam, ¹ BCP, Micro	Para, BCP, Micro	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, MAS, Micro, EKG	Para, BCP, MAS, Micro, EKG	APS	Para, BCP, MAS, Micro, EKG
\$3,000,001 – \$5,000,000	Exam, ¹ BCP, Micro	Para, BCP, Micro	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, MAS, Micro, EKG	Para, BCP, MAS, Micro, EKG	APS	Para, BCP, MAS, Micro, EKG
\$5,000,001 – \$10,000,000	Exam, ¹ BCP, Micro	Para, BCP, Micro	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG (NS), TST (Smoker)	Para, BCP, Micro, EKG (NS), TST (Smoker)	Para, BCP, MAS, Micro, EKG (NS), TST (Smoker)	Para, BCP, MAS, Micro, EKG	APS	Para, BCP, MAS, Micro, EKG
\$10,000,001 + Up	Exam, ¹ BCP, Micro	Para, BCP, Micro	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG	Para, BCP, Micro, EKG (NS), TST (Smoker)	Para, BCP, Micro, EKG (NS), TST (Smoker)	Para, BCP, MAS, Micro, EKG (NS), TST (Smoker)	Para, BCP, MAS, Micro, EKG	APS	Para, BCP, MAS, Micro, EKG

Legend BCP Blood Chemistry Profile EKG Electrocardiogram Exam MD Examination MAS Mature Age Supplement Micro Urinalysis Para Paramedical TST Treadmill Stress Test NS Non-Smoker

1. Discuss requirements on juveniles with your underwriter.
2. Health Questionnaire and Physical Measurements may be substituted for a Paramedical.
3. We will accept another company's paramedical form. However, a John Hancock Health Questionnaire must also be included if another company's paramedical form is submitted. For clients ages 71 and older, we will also require EITHER a completed John Hancock Mature Age Supplement OR the other company's paramedical form plus an equivalent mature age evaluation. If another company's paramedical form is submitted, the John Hancock underwriter will determine if any additional requirements are needed.
4. Whether formal or informal business, do not order paramedical, blood or EKG until Underwriting has assessed APS and advised of initial offer.

Note: for important information about ordering your requirements, please see page 2.

NON-MEDICAL REQUIREMENTS Based on the proposed insured's age as of nearest birthday and the total face amount of product applied for, both individual and survivorship policies

FINANCIAL SUPPLEMENT*			
Personal (Form NB5125)		Business (Form NB5124)	
Age	Face Amount	Age	Face Amount
Up to 65	\$7,500,001 and up	All Ages	\$1,000,000 and up
66-79	\$5,000,000 and up		
80-90	\$1,000,000 and up		

TELEPHONE INTERVIEW		MOTOR VEHICLE REPORT (MVR)	
Age	Face Amount	Age	Face Amount
18-70	\$10,000,001 and up	16 and Up	Required at all amounts for licensed proposed insureds
71-79	\$5,000,000 and up		
80-90	\$1,000,000 and up		

* Supporting documentation of assets may be required

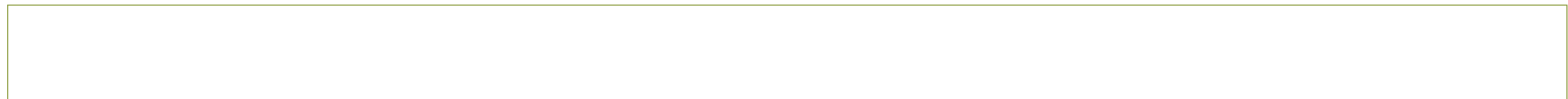
IMPORTANT NOTES ABOUT ORDERING YOUR REQUIREMENTS

- Please note the following when applying for Survivorship:
 - If a Survivorship policy is applied for: **routine medical underwriting requirements** for each proposed insured are based on half the amount applied for; **non-medical requirements** are based on the full face amount.
 - If an Individual and Survivorship policy are applied for: **routine medical underwriting requirements** are based on the amount applied for under the Individual policy plus half the amount applied for under the Survivorship policy; **non-medical requirements** are based on the full face amount, both Individual and Survivorship policies.
- Requirements are based on the amount applied for and placed with John Hancock within the last 12 months.
- If one life is uninsurable, all requirements for the insurable life are based on the full amount applied for under the Survivorship case, and only a Health Questionnaire is required on the uninsurable life.
- The underwriter may request or order additional requirements: e.g., database searches, PFTs, echocardiograms, treadmills, heart charts or cognitive assessments due to the proposed insured's medical history, circumstances of a case, or facultative reinsurance.
- Requirements do not apply to LifeCare or COLI.

TIME LIMITATIONS FOR UNDERWRITING EVIDENCE REQUIREMENTS

Time (In Months)							
Age	Application	Paramedical	Blood Chemistry Profile (BCP)	Urinalysis (Micro)	Electro-cardiogram (EKG)	Treadmill Stress Test (TST)	Motor Vehicle Report (MVR)
0–70	6	12 ¹	12	12	12	24 ³	12
71–79	6	6 ¹	12	12	12	24 ³	12
80–90	6	6 ²	6	6	6	N/A	6

1. For ages 0–79, any Paramedical must be updated at 90 days by a Health Questionnaire; if the Paramedical is 90 days or older at submission, the Health Questionnaire must be submitted with the application.
2. For ages 80–90, any Paramedical must be updated at 60 days by a Health Questionnaire; if the Paramedical is 60 days or older at submission, the Health Questionnaire must be submitted with the application.
3. Treadmill (when applicable) will be extended up to 24 months with a resting EKG done within the past 12 months.



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